

United States of America
Department of Transportation—Federal Aviation Administration
Supplemental Type Certificate

Number SA3616SW

Project 190-463
JC-191

This certificate, issued to Royale Airlines, Inc.
Shreveport Regional Airport
Shreveport, LA 71109

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 4b of the Civil Aviation Regulations.

Original Product — Type Certificate Number: 1A17
Make: Gulfstream American
Model: G-159

Description of Type Design Change:

Removal of Auxiliary Power Unit in accordance with Drawing List No. 689160, Revision 1, dated May 28, 1986, or later FAA approved revision.

Limitations and Conditions:

FAA approved Airplane Flight Manual Supplement dated May 28, 1986, is required. Compatibility of this modification with other approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: May 20, 1986

Date reissued:

Date of issuance: July 9, 1986

Date amended:

By direction of the Administrator



Don P. Watson
Don P. Watson (Signature)
Manager, Aircraft Certification Division
Southwest Region
(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____

(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____

(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____